



Annual Report
OF THE
Medical Inspection, etc.,
OF THE
Elementary School Children
IN THE
BOROUGH OF STOCKTON-ON-TEES,
during the year 1931,
BY
G. C. M. M'GONIGLE, M.D., B.S., B.Hy., D.P.H., M.O.H.,
School Medical Officer;
AND
JEAN SUTHERLAND, M.B., Ch.B., D.P.H.,
Assistant School Medical Officer.

Stockton-on-Tees:
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Health Department,
11, Finkle Street,
Stockton-on-Tees,
March 4th, 1932.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

The following pages contain a record of the School Medical work in Stockton-on-Tees during the year 1931.

The continued financial depression in the area has thrown additional work upon the service, as many minor ailments among school children, which ordinarily would be treated by private practitioners, have perforce to be attended to at the School Clinic.

Consideration of the table of defects on page 38 might be thought to indicate that malnutrition is almost non-existent among Stockton children of school age. This is not actually so, as most malnourished children suffer from such conditions as anaemia, rickets, functional heart conditions, etc., and are recorded under these headings. It has been found possible to accommodate the majority of such cases in the Ragworth Open-Air School and, coincidentally with the treatment of the specific defect, the living conditions at that school have rapidly removed all traces of malnutrition.

On previous occasions I have remarked that it is unusual to discover children suffering from the effects of actual shortage of foodstuffs, but the ill effects of deficient quality of nutriment are widespread. It is definitely established that, during the period of growth of the human race, satisfactory nutrition is the most important factor in the well being of the individual. The resistance of the individual to infection and disease is largely dependent upon the ingestion of a diet adequate in quantity and quality and containing, in properly balanced proportions, those varied elements which constitute a satisfactory diet.

The commonest error in the feeding of the young children of this town is a lack of balance between the various kinds of food. An excessive quantity of carbohydrate food (that is starch

and sugar) is eaten and an insufficient quantity of protein (meat), fat and vegetables. This disproportion is not, to-day, due to ignorance, for the intensive teachings of the Child Welfare Service on this subject has been assimilated by a large proportion of the mothers of the town.

The reason why this teaching is not put into practice is almost entirely a matter of cost. Proteins, fats and green vegetables are more expensive than carbohydrates. In order that the quantity of food eaten may be sufficient to appease the pangs of hunger, cheap and bulky foods are purchased. Carbohydrates constitute the only foodstuff which fulfils these conditions.

The present state of affairs causes me considerable anxiety and, at the moment of writing, an intensive survey of the nutritional condition of our elementary school children is taking place. When the data collected in this survey are available a decision will be made as to whether the Education Committee will be advised to commence feeding any considerable number of school children.

Dr. Richardson resigned her position as Assistant School Medical Officer at the end of 1930. She had given loyal service to the Committee for a period of 15 years.

Dr. J. Sutherland commenced duty on January 12th, 1931, and during the year has shown the greatest possible enthusiasm for the work entrusted to her. I would particularly draw the attention of members of the Committee to two valuable investigations which Dr. Sutherland has started and is continuing. The first is the treatment of Otorrhoea and the second is an intensive study into the incidence of Rheumatism among school children.

Special reports on these two subjects are printed pages 30 and 35 of this report.

Your obedient servant,
G. C. M. M'GONIGLE,
School Medical Officer.

1. Details associated with Elementary Education in the Borough.

Number of Schools 22

These include 19 Elementary Schools, one Central School, one Special School for Deaf Children and one Special Open-Air School for delicate Children.

Number of children for whom accommodation is provided	...	...	...	...	13,210
Average attendance for 1931	...	...	...	...	10,726·2
Percentage attendance for 1931	...	...	...	...	92·0

Staff of the School Medical Service. The staff consists of the School Medical Officer, who is also the Medical Officer of Health; one whole-time Assistant School Medical Officer; one whole-time School Dentist; three School Nurses, one of whom is on the Staff of the Open-Air School and another on Dental Work; and two Clerks.

School Medical Officer:—G. C. M. M'Gonigle, M.D., B.S., B.Hy.,
D.P.H.

Assistant School Medical Officer:—Jean Sutherland,
M.B., CH.B., D.P.H.

School Dental Officer:—Alfred E. Pattie, L.D.S.

School Nurses:—Miss M. Lamb.
Miss W. Ward.

Dental Nurse:—Miss A. Carr.

Clerks:—Miss J. Hall.
Miss I. Parrish.

2. Co-Ordination.

(2) *Arrangements for the co-ordination of the work of the School Medical Service with that of other health services:—*

(a) **Infant and Child Welfare.** The children's cards are sent from the Welfare Centres to the School Clinic as the children reach school age. Squint cases are sent to the School Clinic for refraction and "delicate children" are recommended for admission to the Open-Air School.

(b) There is **Co-ordination with the Health Department** in the notification of infectious diseases among school children.

(c) **Nursery Schools.** There are no Nursery Schools in the Borough.

3. School Hygiene and Sanitation.

Twelve school departments were due for internal colour-washing, etc., during the year and this work was duly carried out. A most pleasing shade for the walls had been substituted and altogether the schools are now much brighter.

Close attention has been given to the windows to ensure that satisfactory ventilation can be secured.

Periodic inspections of the out-offices have been made and any defect of flushing, etc., promptly dealt with.

The artificial lighting in all the schools has received the attention of the Gas Manager and a general improvement has been effected.

Apart from the schools with open fires which, when reconstructed, will be served by low pressure heating installations, the heating of the schools has been satisfactory.

All schools are served by the water carriage system and any defect noted is promptly attended to.

The Teaching of Hygiene in Schools. In the majority of schools, personal cleanliness is insisted upon by the teachers. Handkerchief drill and breathing exercises are carried out, attention is given to the cleanliness of basins, playgrounds and lavatories. Health posters, especially those published by the Health and Cleanliness Council are freely used within the school buildings.

4. Medical Inspection.

Three age-groups of children are inspected as routine:—

- (1) The entrants aged five years.
- (2) The intermediate group, aged eight years.
- (3) The leavers, aged twelve years.

The Board's schedule of Medical Inspection has been followed at routine inspection.

In every case where the child is receiving a routine examination at the schools, parents are invited to be present. The percentage of attendance of parents is highest in the case of infants—56%, but there is a marked falling off in the case of the children of 8 years, and especially in those of 12 years old. On enquiry, it was found that the older children do not wish their parents to attend as they consider that it is childish. It is very difficult to overcome this prejudice.

If the parents are unable to attend and the child is found to be suffering from a defect, notice is sent to the parents advising them to obtain medical treatment. After an interval, the child is re-examined, to see if efficient treatment has been carried out. If necessary, the parents are seen, a second notice is sent, or the School Nurse visits the home.

The School Clinic at Victoria Terrace is open on Monday and Friday afternoons and on Tuesday, Wednesday, Thursday and Saturday mornings.

The School Clinic at the Frederick Nattrass School is open on Wednesday afternoons.

The Assistant School Medical Officer is in attendance at Victoria Terrace on Monday and Friday afternoons and on Saturday morning and at the Frederick Nattrass Clinic on Wednesday afternoon. The School Nurse is in attendance at all other times.

Special cases or re-examinations are seen at the schools during routine examinations or special visits or at the School Clinic.

Children at the Open-Air School are inspected on admission and re-inspected at intervals during their stay.

Children at the Deaf School are inspected on admission and then once a year. When necessary they are re-inspected at special visits or at the School Clinic.

The School Nurse visits the schools, without previous notice, to examine all children for cleanliness.

5. Findings of Medical Inspection.

The children inspected in the three code-group ages numbered 3,967. In addition, 58 children of non-code-group ages were fully inspected according to the schedule; these were children attending the Deaf School, admissions to Ragworth Open-Air School, mentally defective children, etc.

The percentages of children of code-group ages found to have defects requiring treatment were as follows :—

Mill Lane School ...	...	23·3 %
Bailey Street School	...	29·4 %
Bowesfield Lane School	...	30·6 %
Tilery Road School	...	22·8 %
Oxbridge Lane School	...	22·6 %
Hume Street Juniors School	...	29·3 %
Portrack Juniors School	...	29·5 %
Newtown School ...	...	19·3 %
Richard Hind Juniors School	...	24·02%
Richard Hind Central School	...	12·0 %

Norton School	...	...	17·8 %
Frederick Nattrass School	...	...	20·06%
East Hartburn School	...	...	7·8 %
Holy Trinity Boys' School	..	...	20·4 %
St. Thomas' School	...	...	32·03%
St. James' School	...	...	33·3 %
St. Mary's School	...	...	32·7 %
St. Cuthbert's School	...	...	23·2 %
Carlile Memorial School	...	...	38·08%
St. Bede's Boys' School	...	...	24·5 %
Average percentage			<u>24·6 %</u>

3,528 children were inspected as "Specials" These are referred by Parents, Teachers, School Nurses, Attendance Officers, etc. Serious departures from health are found more frequently in special cases than at routine medical inspection, and they can therefore be dealt with at once, instead of waiting till the next routine inspection.

(a) **Uncleanliness.** During 1931, 14,228 children were examined by the School Nurse. Of these, 256 were found to be verminous. Three children came to the School Clinic for cleansing of verminous heads. The rest were cleansed at home under the supervision of the School Nurse.

No legal proceedings were taken.

In many instances, the same children are found to be verminous year after year, and other children from the same families are usually infected.

(b) **Tonsils and Adenoids.** At code-group inspections there were 118 cases of markedly enlarged tonsils, 13 cases of adenoids with persistent mouth breathing and 42 cases of enlarged tonsils with adenoids.

Among the specials were 56 cases of enlarged tonsils, 6 cases of adenoids and 20 cases of enlarged tonsils with adenoids.

In 186 cases, operative treatment was advised and in 69, other forms of treatment were prescribed.

(c) **Tuberculosis.** 138 children of school age have attended the Tuberculosis Dispensary during the year and the localisation of their diseases was as follows:—

Glandular ...	...	...	56
Pulmonary	...	...	27
Bones and Joints	...	...	27
Abdomen ...	...	...	23
Skin (Lupus)	...	...	5
Total			<hr/> 138 <hr/>

Among children of code-group ages, no new cases of pulmonary tuberculosis were found. Any cases which are considered suitable for the Open-Air School are admitted there and always show marked benefit.

(d) **Skin Disease.** At routine inspections, 4 cases of ringworm of scalp were found and 3 of ringworm of body. As special cases, there were 37 of ringworm of scalp and 36 of ringworm of body.

These cases involve a considerable loss of school attendance and, in spite of daily attendance at the School Clinic, this time cannot be shortened without the aid of X-Ray treatment.

Teachers and parents have been asked to report cases to the Clinic at the earliest appearance of the disease, and all the other members, of school age and younger, of an affected family, are inspected at the School Clinic. In spite of these precautions, many cases are seen for the first time when the disease is well advanced.

2 cases of scabies were found at routine inspection and 14 as specials. Impetigo continues to be prevalent. There were 114 cases found at routine inspections and 348 as specials. There is an increased interest amongst parents and teachers in getting these cases treated early.

(e) **External Eye Disease.** There is a considerable drop this year in the number of cases of conjunctivitis requiring treatment. A number of cases of phlyctenular conjunctivitis and keratitis received daily treatment at the Clinic.

(f) **Vision.** Among the routine examinations, 379 children were found to be suffering from defective vision, excluding squint, necessitating further examination, while 55 were noted to be kept under observation.

205 cases of squint were seen among the routines and of these, 148 required treatment, while 57 had suitable spectacles and required to be kept under observation.

Among the specials there were 84 cases of defective vision requiring treatment and 34 cases of squint required treatment.

To get the maximum value of treatment, it is imperative that children suffering from defective vision and squint should be seen at the earliest possible age. This year, 15 cases were sent to the School Clinic by the Child Welfare Department for examination, and suitable treatment was prescribed.

(g) **Ear Disease and Hearing.** 21 children from the Stockton area are attending certified schools for the deaf; 20 are at the special day school in Stockton and one is at the Boston Spa R.C. Residential School.

18 children from Darlington, Hartlepool, Billingham and the North Riding of Yorkshire areas also attend the Deaf School.

At routine medical inspections in the elementary schools, 27 children were found to be partially deaf. Among the specials, 18 had some deafness.

(h) **Dental Defects.** During the year 3992 children were examined by the School Dentist—3754 of these were routine inspections and 238 special inspections. Of this number 2663 were found to require treatment.

The following table gives details of the five-year-old children examined during the year and the percentage in each school found to be free from decay :

School.	No. of 5 year-old children examined.	Percentage free from decay.
Portrack Council School	... 85	Nil.
St. James' „	... 42	3·0
Bailey Street „	... 164	5·6
Bowesfield Lane „	... 119	9·7
Frederick Nattrass „	... 170	10·5
Norton High St. „	... 136	8·8
St. Mary's „	... 110	6·4
Richard Hind „	... 80	10·1
East Hartburn „	... 12	15·6
St. Thomas' „	... 34	4·0
St. Cuthbert's „	... 40	5·1
Hume Street „	... 75	4·0
Newtown „	... 82	12·1
Tilery Road „	... 81	6·0
Mill Lane „	... 103	8·2
Carlile Memorial „	... 24	Nil.
Oxbridge Lane „	... 64	9·4
Ragworth Open Air „	... 13	Nil.
School for the Deaf	... 5	Nil.

The term "Free from Decay," in the above table means those children with perfectly sound and complete deciduous dentitions.

In the year 1926, Dr. Richardson made a special enquiry into the defects present in the five-year-old entrant children. Of 1396 children examined, only 5·2 % were found to be free from carious teeth. In the past year the School Dentist has found 7·2 % to be free from decay and to have complete deciduous dentitions. This improvement, though slight, is encouraging. As Dr. Richardson's examination would necessarily be less complete than that of the School Dentist, it is probable that the improvement is really greater than appears from a comparison of the two figures.

(i) **Crippling Defects.** There are 61 children of school age

suffering from crippling defects; 26 of these have heart trouble and 35 are cases of paralysis, deformity, etc.

6. Infectious Disease.

Notified cases of infectious disease are the subject of an inquiry by a Sanitary Inspector or by the Medical Officer of Health. All children in invaded households are excluded from school for a specified period and a notice is promptly sent to the Head Teacher of the school involved. If the child is removed to the Fever Hospital disinfection is carried out in the home without delay and the infected bedding, etc., is removed for disinfection by steam. If the child is nursed at home, the whole household is kept under observation until a certificate of freedom from infection is received from the medical attendant, and then disinfection is carried out. Children who have recovered in the Fever Hospital are excluded from school after discharge from that Institution for a stated period.

During the year 410 children were excluded from School on the ground that this was desirable to prevent the spread of disease. Of this number 239 were actually sufferers from infectious disease of one or another kind, while 171 were contacts.

No school or department was closed during the year on account of infectious disease.

7. Following-up.

After defects have been discovered and the parents advised to secure treatment, it is most important to see that this advice has been followed.

All cases of notified defects are therefore re-examined by the Assistant School Medical Officer at the time of routine inspections and at special visits. Cases are also followed up by the School Nurses and by examinations at the School Clinic.

70 special visits, as distinct from visits for routine medical inspection, were paid to the schools to follow up defective children.

After operations, especially tonsils and adenoids, it is necessary to follow up the cases to see that the treatment has been successful.

Altogether, 8,287 re-inspections were made by the Assistant School Medical Officer.

Summary of Work undertaken by the School Nurses. The Clinic Nurse undertakes routine examinations for cleanliness in the schools and follows up unsatisfactory cases till they are satisfactory.

She is in attendance at the School Clinic in Victoria Terrace on Monday and Friday afternoons and on Tuesday, Wednesday, Thursday and Saturday mornings, when she undertakes the treatment of minor ailments.

Home visits are paid to advise parents about treatment, to arrange appointments for refractions and other special examinations, and to get absentees from school, who are not already receiving medical attention, to report at the School Clinic.

During the year she paid 1,489 visits to homes.

The second School Nurse is in attendance at the Ragworth Open-Air School. She bathes, weighs and measures the children, treats minor ailments and visits the absentees at their homes.

On two afternoons a week, she attends at the Victoria Terrace Clinic, and one afternoon at the Frederick Nattrass Clinic.

During the year there have been 387 visits to homes, 3,174 dressing and 5,767 baths.

8. Medical Treatment.

(a) **Minor Ailments.** These are treated at the School Clinics. All new cases are seen by the Assistant School Medical Officer on Monday, Wednesday and Friday afternoons.

The number of minor ailments treated at the School Clinics during 1931 was 1944. (For further details see Table IV, Group I.)

(b) **Tonsils and Adenoids.** These cases receive operative treatment at the Stockton and Thornaby Hospital by Dr. Keswick, Hon. Surgeon for Diseases of the Ear, Nose and Throat. 186 children were recommended for operative treatment and in 108 cases operations were performed, 25 under the Education Committee's Scheme and 83 by the parents obtaining in-patient's tickets for the Stockton and Thornaby Hospital, or by their own private practitioner.

(c) **Tuberculosis.** Tuberculosis cases attend the Durham County Council Tuberculosis dispensary in Stockton for advice and treatment.

138 children of school age have attended during the year and 13 children have been in a sanatorium.

Cases of surgical tuberculosis are treated at the Stockton and Thornaby Hospital. Lupus cases attend the Royal Victoria Infirmary, Newcastle, for ultra violet ray treatment.

(d) **Skin Diseases.** Skin diseases are treated at the School Clinics. 507 cases have been treated there and 18 at Hospital or by private practitioner.

(e) **External Eye Disease.** 299 cases have been treated at the School Clinics and 9 at hospital or by private practitioners.

Children suffering from corneal ulceration and other eye diseases associated with poor general health are admitted to the Ragworth Open-Air School.

(f) **Vision.** Examination of refraction and prescription of spectacles is undertaken at the School Clinic. Parents pay the cost of spectacles prescribed, or, in necessitous cases the Education Committee supplies them.

371 children have had their refraction examined during the year, at the School Clinic, while, in 27 additional cases, the refraction was not completed, through failure to keep appointments or for other reasons.

11 refractions were done at other places.

Among the 371 examined at the Clinic, 15 were under 5 years and were sent by the Maternity and Child Welfare Department.

Of these 371 cases, spectacles were recommended for 298 and 236 obtained them, that is, 79%. Of the 66 who have not yet obtained the prescribed spectacles, 38 had their refractions examined during the month of December and have not yet had time to obtain them.

In 84 cases, spectacles were not prescribed because they required other forms of treatment, or were wearing suitable glasses. 2 cases had operations for squint.

Children are asked to report broken or lost spectacles to the Clinic and 55 were repaired during 1931.

Some parents still fail to appreciate the importance of correcting the defective vision of their children. In spite of careful examination and much follow-up work by the nurses, they refuse to allow their children to wear spectacles.

(g) **Ear Disease and Hearing.** 86 cases of discharging ears have attended the School Clinic for treatment during the year.

(h) **Dental Defects.** Of the 3992 children inspected during the year, 2663 were found to require treatment and of this number 1328 actually received treatment. The percentage of children requiring and accepting treatment was 50.

The operations performed comprised 221 fillings of permanent teeth, 343 fillings of temporary teeth, 205 extractions of permanent teeth, 2,313 extractions of temporary teeth, and 248 dressings of silver nitrate.

In brief, there were 564 fillings, 2518 extractions and 248 dressings during the year, a total of 3,330 operations. Nitrous Oxide Gas was administered on 117 occasions by the Assistant School Medical Officer.

(For further details see Table 4 (Group 4.))

The following is a report by the School Dentist on the working of the Department during the year 1931.

“In reviewing the dental work for the year 1931, satisfactory progress in the establishing of an efficient dental scheme can be reported.”

“Much predudice always exists at the launching of a new scheme and it is surprising, even in these enlightened days to find parents looking with suspicion and distrust on a scheme for the dental inspection and treatment of their children attending the elementary schools.”

“It takes considerable time to break down this prejudice but I am well satisfied with the response of the parents during the year. I have taken every opportunity to discuss the scheme and the importance of the care of the teeth with the parents at the inspections, while much invaluable work in gaining acceptances has been done by the Dental Nurse in visiting homes and explaining the scheme to the parents.”

“The present staff will very soon be inadequate as I consider the appointment of a clerk essential to the smooth working of the scheme. As more children come into the scheme, the clerical work naturally increases, and it is becoming of such dimensions now that the nurse is forced to curtail her home visits which have been greatly instrumental in establishing the dental clinic on a firm foundation.”

“Regarding the future development of the dental service, I estimate that working on the figures as suggested by the Board of Education, viz., one dentist to inspect 5,000 school children and treat approximately 2,500, an additional whole-time dental surgeon will be required in 1934 if the ideal of an annual

inspection is to be adhered to. No school dental service can be considered complete which does not provide for the annual inspection of every school child and for the treatment of all who need it and would not otherwise obtain it. It is only by such a method that really sound preventive measures can be effectively carried out. Caries is checked in its early stages, while the operations are neither fraught with pain or unduly long. Under an ideal system, where children have been dentally inspected and treated throughout their school life, the loss of teeth is negligible."

"As the dental service is developed and adequately staffed, the time will come when it will be possible to establish an orthodontic service. There is no doubt that the prevalence of malocclusion in elementary school children is considerable, but until the more urgent work of extraction and the filling of teeth is adequately covered, orthodontia on a large scale cannot be attempted. Time and expense are alike prohibitive."

"Much can be done, however, by retaining the temporary teeth until they are no longer required, and by the judicious extraction of one or more permanent teeth. Such are the lines I am working along with this class of treatment, with satisfactory results."

ALFRED E. PATTIE,

School Dental Surgeon.

(i) **Crippling Defects and Orthopædics.** The Stockton and Thornaby Guild for the Care of Crippled Children holds meetings at the Victoria Terrace School Clinic. 19 children of school age and living in the Borough attended during the year. Surgical treatment has been obtained at the Stockton and Thornaby Hospital under Dr. Irving, the Honorary Orthopædic Surgeon, and boots and appliances have been supplied by the Cripples' Guild. Rickety and other suitable cases attend the Ragworth Open-Air School. One boy is at St. Vincent's Residential Cripple School at Pinner.

(j) **Speech Defects and Stammering.** In January, 1931, fifty-eight children were attending the special classes for stammering children. During the year, twenty-eight new cases were admitted and twenty-two were discharged as cured. Four children left the school on reaching the age of 14 years, seven left the town, and one was re-admitted, bringing the total number to fifty-four in December, 1931.

Of those discharged, seven left in February, of which one had 14 months, two 11 months, one 8 months, one 5 months and two, 4 months treatment.

It is interesting to note that two of these children had gained Scholarships at Midsummer, one having received 14 months and the other 4 months treatment.

The remaining fifteen children left in July—three had 18 months, one 15 months, four 11 months, two 9 months, three 7 months, one 5 months, and one 4 months treatment.

All these children have been re-examined once a month since being discharged. One child was re-admitted at his first examination, but all the rest have so far maintained their improvement and the criticisms of Head Teachers are satisfactory.

It would be a great help if teachers would send comments on the children's progress more regularly, particularly concerning those who have been discharged. Many of the teachers refer to these classes as the "Stammering Classes." This causes a good deal of unnecessary distress to sensitive children, as it keeps their inability constantly before them and at the same time gives rise to a certain amount of mockery from their playfellows. The terms "Speech Classes" or "Speech Clinic" would be preferable.

Cod Liver Oil Emulsion. The value of cod liver oil is now well recognised, especially in an industrial area with a large percentage of unemployed. It is sold at the School Clinic at

threepence for four ounces and, in certain necessitous cases, given free. During 1931, fifteen and a half gallons was distributed and parents report on the beneficial results.

9. Open-Air Education.

(a) **Playground Classes** are held in some of the Infants' Schools during the summer.

(b) **School Journeys.** Thirty girls from the Richard Hind Central School (Form IIIA) and three Mistresses spent the week May 15th-22nd, at the Holiday Fellowship Guest House, Stair, Keswick. During the stay they went to the top of the Sty Head Pass, climbed Skiddaw, walked by the mountain track from Stair to Buttermere, and made several other smaller excursions. The cost was 30/- each. In most cases the parents paid; some of the poorest children were helped by private friends.

May 26th-30th was spent on a school journey to Crich in Derbyshire—forty-eight children, four old girls, and two of the staff, joined. As usual, they stayed at The Briars. A day was spent in Derby and the Rolls Royce Works and Railway Shops were visited. Other excursions were to Winfield Manor and by way of the Via Cellia and Bonsall to Matlock.

(c) **School Camps.** There were no school camps during the year.

(d) **Open-Air Classrooms in Public Elementary Schools.** There are no Open-Air Classrooms in the Public Elementary Schools but the Frederick Nattrass School is built on open-air school lines.

(e) **Day Open-Air School.** The Ragworth Open-Air School has now been open for five years and the waiting list continues to be greatly in excess of the numbers which it is possible to admit. Even in midwinter the attendance is excellent and much higher than some of the elementary schools, viz., 91%.

Very few cases of infectious disease occurred during the year.

There is accommodation for 140 children. At the end of the year there were on the register 67 boys and 73 girls. The types of case admitted are:—anaemia, malnutrition, contacts of tuberculosis, corneal ulceration, rickets, convalescents, etc. Those in attendance at the end of the year were as follows:—

Tuberculosis cases (contacts, convalescents, etc.)			
	...	25	
Malnutrition	...	6	
Rickets, marked	...	9	
Anaemia	...	7	
Corneal Ulceration	...	6	
Rheumatism and Chorea	...	20	
Convalescents	...	66	
Bad Stammer	...	1	
		<hr/> 140 <hr/>	

In May, 1931, when a scheme for supervising rheumatic children was begun in Stockton, it was decided to try some of the cases in the Open-Air School and a separate report is given of those cases.

10. Physical Training.

Organised Games are arranged for school children in the school playfields during school hours according to a time table and the exercises included in the Syllabus of Physical Training issued by the Board of Education are systematically taught.

The Schools Athletic Association has continued its activities and the spirit of healthy rivalry in inter-school sports is being fostered.

The number of children who attended the Corporation Swimming Baths during the year 1931, is as follows:—

Boys	...	...	12,967
Girls	...	...	6,565
			<hr/>
Total	...		19,532
			<hr/>

The children are given instruction in the art of swimming by competent teachers.

11. Provision of Meals.

No school meals have been provided by the Local Education Authority. Malnutrition cases are referred to the Open-Air School where three good meals are given each day.

In all routine or special examinations where it is felt that the diet is inadequate or wrongly chosen, advice is given to the parents.

12. School Baths.

There are no school baths except at Ragworth Open-Air School.

13. Co-operation of Parents.

At medical inspections, invitations are sent to parents to attend at the schools when the children are examined. 2,597 parents have paid at least one visit to school or Clinic with their children during the year.

14. Co-operation of Teachers.

We are indebted to the teachers for much help in connection with routine inspections at school, reports on mentally retarded children, supervision of children wearing spectacles and reports on cases of suspected vision defect.

In addition, they assist greatly with the regular attendance of children at the Clinic for the treatment of minor ailments.

15. Co-operation of School Enquiry Officers.

Information is constantly being sent to the School Clinic by the Enquiry Officers, of children remaining out of School, often without medical attention of any kind. Certificates issued from the School Clinic assist them in distinguishing between cases of genuine illness and those where illness has merely been brought forward as an excuse for non-attendance.

Lists of long absentees from school are sent to the Clinic so that they can be visited by the School Nurse.

Absentee children from the Ragworth Open-Air School are visited by their own School Nurse.

16. Co-operation of Voluntary Bodies.

(1) **The Mayor's Unemployment Relief Fund (Children's Boot Fund).**

During the Winter 1930-31, boots were provided by the Mayor's Boot Fund for 222 children at a cost of £75 1s. 9d.

Owing to the industrial depression the voluntary contributions to the Fund have been very limited and consequently the Committee have been able to meet the needs of a very small proportion of the necessitous cases.

(2) **Children's Fresh Air Fund.** As in former years the Committee in charge of the Children's Fresh Air Fund has been able again to give a day's outing to 750 children, 500 of these poor children were selected by the Head Teachers of the Public Elementary Schools and a happy time was spent at Seaton Carew. The weather was fine and the children thoroughly enjoyed their visit. It is gratifying to record that the outing was free from any mishap.

Thanks are given to the School Teachers who voluntarily take charge of the children and assist in the arrangements for distributing food.

(3) **Stockton and Thornaby Guild for the Care of Crippled Children.**

This Guild provides surgical boots and appliances to school children who are in need of them. Close co-operation exists between the School Medical Service and this Voluntary Organisation.

17. Blind, Deaf, Defective and Epileptic Children.

Cases are seen during routine and special visits to schools and are also reported by the Maternity and Child Welfare Department, School Nurses, Parents, Teachers and Attendance Officers.

There are no totally blind children in the Borough.

Nine partially blind children are attending elementary schools.

Twenty deaf children attend the Stockton Day School for the deaf and one boy is at the Boston Spa R.C. Residential School.

Eight partially deaf children are attending elementary schools.

During 1931, sixty-eight children were given full mental and physical examination on account of educational backwardness and were classified as follows:—

	Boys.	Girls.
Idiots 	—	—
Imbeciles ...	8	9
Feeble-minded (educable)	24	13
Dull and Backward	11	3

Nine have been notified as imbeciles to the Mental Deficiency Committee of the Durham County Council.

There is no school for mentally defective children in the Borough.

Of the above children, 52 are attending elementary schools, and 16 not attending any school.

The names of those children leaving elementary schools at the age of fourteen are forwarded to the Mental Deficiency Committee of the Durham County Council. Two names were forwarded during 1931.

18. Special Schools.

The Day School for the Deaf, Nelson Terrace.

Copy of Report from Miss Malim, Head Teacher,
School for the Deaf.

The number of children at present on the register is 38. These children come from Stockton, Thornaby, Hartlepool, West Hartlepool, Haverton Hill, Grangetown, South Bank and Darlington.

Arrangements are made for those who wish to stay for dinner (now about 30 to 34) to have their meals served nicely. We like as many as possible of the children to stay at mid-day that they may have a rest, and that we may see that they have an adequate meal.

Their table manners are very satisfactory and the food they bring from home is, on the whole, suitable. I am glad to see bowls of stew, of soup and vegetables, milk puddings, eggs and fresh fruit.

We have every convenience for serving their food hot; in the winter they have hot milk to drink or cocoa or Oxo—in the summer they like glasses of cold milk. They have emulsion after the mid-day meal.

The attendance during the school year has been very good. We have earned attendance holidays for the months of May, June, July, August-September, October, November and December and, to obtain the necessary percentage for this, out of our small

numbers means that nearly all the children have to be present all the week. We have had, up to now, no cases of infectious illness and no serious illness.

All the children who have left us during the year have been placed in satisfactory employment, or have gone on to further training. One boy is now temporarily unemployed owing to bad trade, but his employer has promised to send for him as soon as trade permits.

Educationally, we hope and think that the children are progressing. We notice an improvement in their wish to speak and a great improvement in the powers of understanding what is said to them, and in the development of language. We are specially pleased that now some really young children are asking for admission. These little children learn the fundamentals of a deaf child's education easily and pleasantly and have so much less to "unlearn" than the child who is kept back till seven.

Our babies have a large, airy, warm room and plenty of toys and every opportunity for suitable exercise and rest and there is no comparison between the mental alertness and the attitude towards speech and speech-reading of a child who has grown up with speech as a natural means of expression, and that of a child who has been left for years to express himself only by means of gesture and signs. The older children are delightfully helpful and courteous and their sense of responsibility and general kindness give us much hope for their own happiness in the future and for their ability to find and keep work.

Day Open-Air School for Delicate Children at Ragworth.

This school has accommodation for 140 children and at the end of the year there were on the register 140 children—67 boys and 73 girls. 187 children were admitted during the year and 139 left.

Those returning to elementary schools are kept under observation and if their improvement is not maintained they are re-admitted to the Open-air School.

19. Nursery Schools.

There are no Nursery Schools in the Borough.

20. Secondary and Continuation Schools.

These schools come under the School Medical Service of the Durham County Council.

21. Employment of Children and Young persons.

Street Trading and Child Employment. The number of boys engaged in employment outside school hours is the same as during the previous year, 47 boys having been registered. The class of work in which the above boys have been engaged is as follows:—Newspaper delivery 35, errand boys 12. Generally these boys are engaged one hour before school hours and one hour after school hours, and not later than 6-30 p.m. The children employed before school hours have been medically examined and the employment card issued on receipt of a medical certificate of fitness.

There is a reduction in the number of persons holding licences as street traders under the byelaws. Twenty-one boys hold licences as against 37 licensed for the previous year. This reduction is in part due to the local conditions of unemployment where youths and men are performing this work to a greater extent than formerly. The warnings and the institution of proceedings taken some time ago has led to a diminution of boys engaging irregularly in this work.

Employment of Children in Theatrical Entertainment. The decrease in the number of places of public entertainment has led to a lessened demand for juveniles for this class of work. No licences were issued during the year but five children from other areas were engaged at different periods during the year in theatrical entertainments in the town. The licences of these children were inspected and all the conditions governing the licences were being observed.

Choice of Employment. A continuance of the high rate of unemployment in the area has existed during the year and the resultant effect has been an exceedingly high register of unemployed juveniles. Despite the increased difficulty of placing so many of these boys and girls it is pleasing to record that the services of the Bureau have been taken advantage of by increasing numbers. The appearance of these boys and girls is such that in spite of the conditions imposed by continued unemployment in so many homes, there appears to be a fairly high standard of physical fitness and mental alertness, sufficient to meet the demands of the various occupations which were accepted by these juveniles. During the year under review 312 boys and 324 girls were placed in employment.

Juvenile Employment Insurance. The National Economy Order, 1931, which superseded the 1930 Unemployment Insurance Act, made considerable changes in procedure. The principal effect, so far as juveniles are concerned, was a reduction in the rates of benefit, e.g., boys who received 6/- and 9/- per week at the ages of 16 and 17 years, now receive 5/6 and 8/- respectively, and girls who received 5/- and 7/6 per week at the ages of 16 and 17 years, now receive 4/6 and 6/9 respectively. Another important condition is that where a juvenile has been paid 156 days unemployment benefit in his benefit year, no further benefit is paid in that benefit year. It should be emphasised that amongst these young people of 16 and 17 years, especially noticeable in the case of girls, there is evidence of physical fitness and alertness which should be regarded as a valuable feature deserving of every encouragement.

The boys who are paid unemployment benefit must, as a condition, attend the Junior Instruction Centre at Middlesbrough. Free travelling facilities for the boys is provided.

The course is from Monday to Friday of each week and the hours of attendance from 1-30 to 4-30 p.m. The conditions are not too exacting and the boys are given such variety of subjects as will stimulate the interest and create, in a number of cases, a

desire for knowledge to fit them to become more efficient on their return to their customary employment. Such subjects as mathematics, English and drawing, are also part of the curriculum. Great attention is paid to outdoor sports and physical exercises and it speaks well for the system when it is observed what a high standard of physical fitness is being maintained. It should be stated that efforts are being made to have a Junior Instruction Centre in Stockton for our own boys and it is hoped that the request will be granted by the Ministry of Labour.

Home Craft Training Centre. During the period under review there has been a continued desire for home craft training. Of the 68 Stockton Juveniles who made application, 29 were accepted and entered into training. The comprehensive course, covering as it does cookery, laundry, housewifery and Needlework, enables the girls to receive training fitting them to be placed in good resident domestic service. A small percentage of the trainees found work locally while others were placed in London, Harrogate and Ilkley districts.

Co-ordination of the work of the School Medical Service with that of the Juvenile Employment Committee. Report cards are filled in by the Head Teachers for the children shortly before they leave school on attaining the age of 14 or over, giving details as to educational attainments. The health part of the report is filled in by the Assistant School Medical Officer, following a survey of the child's medical history throughout school life. These cards are sent to the Employment Officer at the Bureau. 660 cards have been filled in during the year.

There is no co-ordination with the work of the Certifying Factory Surgeon for the district.

The Physical Conditions of Employed Children and Young Persons. The condition of employed school children is, on the whole, satisfactory. 29 children have been examined and found fit during the year.

The street traders are older boys who have left school and have not found better employment. Seven boys have been examined and found fit during the year.

Special Enquiries.

(1) Supervision of Rheumatism in Children in Stockton.

On 25th May, 1931, a scheme for the supervision of all children suffering from rheumatism and chorea was begun.

Rheumatic disease forms a large percentage of those cases where absences from school for long periods occur. The child is usually affected in early school life.

There are many limitations to this work, as the causal organism is unknown, so that efficient treatment with spectacular results does not occur.

The importance of sub-acute rheumatism cannot be over-estimated.

The object of the Scheme is :—

1. To ascertain the extent of the rheumatic problem in Stockton.
2. To provide continued medical supervision of affected children at regular intervals, depending on the severity of the infection.
3. To secure treatment by :—
 - (a) Improvement of general health.
 - (b) Removal of septic foci.
 - (c) Modification of school curriculum, e.g., limitation of games and physical exercises, (Swimming is forbidden).
 - (d) Vocational training if possible.
 - (e) Advice to parents re general management of home conditions.

Ascertainment. When a suspected rheumatism is discovered by the Medical Officer, Teacher or School Nurse, he or she, is examined in detail at the School Clinic. Local general practitioners have been asked to co-operate in this scheme. Special record cards are used. In each case, the medical and family history, environmental conditions, etc., are investigated.

The School Nurse visits the home of each child and fills in a questionnaire relating to housing and economic conditions, usual diet, etc.

Treatment. The parent is seen by the Medical Officer in every case and is advised re clothing and footgear, general health, etc. She is also advised to put the child under private doctor, or hospital, if necessary.

Head Teachers are notified in all cases where modification of the curriculum is required.

Cod liver oil emulsion is sold cheaply to many of the cases, and certain cases are admitted to the Open-Air School.

Distribution of the Disease. Although the number of nominations is 108, this does not represent the full extent of the problem in Stockton. Rheumatic cases do not come to the doctor, but have to be sought. As this necessitates a complex administration many cases are bound to be overlooked.

The total number of examinations was 307.

The following table shows the distribution of the disease.

Type of Disease	BOYS			GIRLS		
	No. of cases	Heart affected	Valvular Disease	No. of cases	Heart affected	Valvular Disease
After Acute Rheu.	21	12	7	17	6	4
Sub-acute Rheu.	20	9	7	21	9	6
Chorea ...	8	1	1	21	2	1

Rheumatic nodules were found in two children, and in both the heart was affected.

The incidence in the sexes is 3 girls to 2 boys.

Home conditions were unsatisfactory (i.e., overcrowding, poor economic conditions, marked dampness) in 21 cases, but some were found in very good homes. An analysis of parents statements showed that the heredity factor was present in 57 cases.

Unhealthy tonsils and adenoids or previous tonsillectomy were found in 43 cases.

Although this scheme has been in operation for only six months, some satisfactory results are beginning to appear. An endeavour has been made to enlighten the parents, so that they cease to talk of "growing pains" as a symptom of physiological growth. Their attention is drawn to the possibilities of crippling cardiac disease as the result of vague rheumatic pains in childhood. As a result of this preventive teaching, there is a noticeably changed attitude of parents towards mild attacks and recurrences of rheumatism.

The importance of a suitably balanced diet is also stressed to the parents, and it has been very gratifying to see that many of the children have shown considerable improvement in general health. The disappearance of anaemia is always coincident with an improvement in the rheumatic condition.

The question of early bed-times is another important point which parents require to have emphasised. Rheumatic children, already more nervous than their fellows, are kept up later than they ought to be, in the hope that excessive fatigue will produce sleep. The reverse is the case, and great care is taken to make the parents insist on adequate rest and sleep.

In spite of all precautions, two children have developed heart disease while under observation.

The employment of these children, when they leave school, raises an important problem. So often they are looked after with the utmost care by the School Medical Service during school life, only to plunge into hard manual labour as soon as they leave school. It is hoped, by co-operation with Head Teachers and the Employment Bureau, to prevent this as far as possible.

The progress of any scheme dealing with rheumatism in childhood must necessarily be slow, but if it educates the parents to the dangers of this insidious disease, in addition to the supervision of those children already affected, it must of necessity be of ever-increasing importance to the school population.

Treatment of Rheumatism in the Open-air School.

In June, 1931, shortly after the scheme for supervision of rheumatic children was begun in Stockton, it was decided to try some of the children in the Day Open-air School and to watch the results in each case.

From June, 1931 to December, 1931, twenty children were admitted, nine boys and eleven girls. All the children admitted were suffering from well marked rheumatic affections.

Type of Disease.	Boys.	Valvular Disease.	Girls.	Valvular Disease.
After acute rheum.	3	2	2	1
Sub-acute rheum.	3	2	1	—
Chorea ...	3	—	8	1

Some modifications were made in the normal routine of the Open-air School. In the cold weather all cases of rheumatism were given an extra blanket during the rest hour. They were also forbidden to play strenuous games.

Bad cases of chorea spent afternoons resting and doing some form of simple handwork.

In eighteen cases the results were, on the whole, very satisfactory. The general condition of the children improved remarkably, especially those cases who were anaemic and debilitated.

The gain in weight after three months in the Open-air School was from $3\frac{1}{2}$ lbs. to $5\frac{3}{4}$ lbs., while the gain in weight after six months in the Open-air School varied from 5 lbs. to 10 lbs.

In 4 cases of chorea (all girls) 3 had one recurrence and 1 had two recurrences while attending. The other 7 cases have gradually improved and have either very mild or no choreaform movements present.

One case of sub-acute rheumatism had a recurrence of pains. One case of sub-acute rheumatism with advanced mitral disease was absent two weeks with a recurrence associated with cardiac symptoms. Since then he has attended regularly and gained in weight.

Two cases, one boy with mitral disease following acute rheumatism and one girl with mitral disease following acute rheumatism and chorea did not respond. There was no gain in weight and the general condition did not improve. The boy was discharged as unsuitable and the girl, after 3 months at home, will be tried again during the Spring and Summer months.

The conclusions are, that in cases of rheumatism (excluding recent acute attacks with painful joints) suitable diet augmented by cod liver oil, dry footwear and clothing, adequate action of the skin, a reasonable amount of exercise combined with rest periods, and the improvement of all catarrhal conditions of the nose and throat, more than counterbalance the rigours of the Open-air School and produce a definite and, in many cases, a remarkable improvement in those cases of rheumatism who are so treated.

(2) The Treatment of Otorrhoea with Staphylococcus Antivirus.

On the 20th November, 1931, an investigation into the value of Staphylococcus Antivirus in the treatment of otorrhoea was begun. Cases were unselected; every alternate case was treated with Staphylococcus Antivirus, the others with hydrogen peroxide and spirit. Where the child had a double otorrhoea, one ear was treated with antivirus and the other with hydrogen peroxide and spirit.

The method was as recommended by the Glaxo Laboratories and slight modifications were made in this from time to time. The ear was first washed out with warm water and then dried thoroughly with cotton wool. The child's head was then laid on one side and 4-10 minims of Staphylococcus Antivirus were dropped into the ear and left undisturbed for one minute.

A small piece of cotton wool moistened with the antivirus was then placed in the mouth of the meatus and any superfluous fluid wiped away. Some collodion was next poured over this wool and a second larger piece of wool applied on top, and kept in place with adhesive plaster.

The child reported for treatment on each of four consecutive days. The ear was examined by the Assistant School Medical Officer at the beginning and end of each course of treatment.

Analysis of Results.

	Antivirus Treatment					Hyd. Peroxide and Spirit Treatment				
	Total Ears	Cured Av'age Time taken 10 days	Recom. for Operation	Im proved	Still under obsn.	Total Ears	Cured Av'age Time taken 16 days	Recom. for Operation	Im proved	Still under obsn.
	1	2	3	4	5	1	2	3	4	5
Acute supp. otitis ...	4	3	—	—	1	3	2	—	1	1
Chronic otorrhoea ...	8	1	—	6	7	6	—	—	5	6
Tym. sepsis and granulns. ...	1	—	—	—	1	3	—	—	3	3
Tym. sepsis and polypi ...	1	—	1	—	—	1	—	1	—	—
Tym. sepsis and enld. Ts. and As. ...	2	—	—	1	2	3	—	—	2	3
Tym. sepsis and mastoid (after opn.)	1	—	—	1	1	—	—	—	—	—
Tym. sepsis and otitis externa ...	—	—	—	—	—	1	1	—	—	—

In four of the ears treated with antiviral there was no improvement at all and in three others the improvement was too slight to be of any practical value.

In four ears—three acute and one chronic—the cure was rapid and complete and there has been no recurrence to date.

In three ears treated with hyd. peroxide and spirit, there was no improvement noted, but in all the others there was a definite slight improvement. In three ears there was cure, with no recurrence up to date.

In those ears which were cured by the antiviral method, the cure was rapid and complete, as if the antiviral had a specific action on the infective organisms. The cures in the peroxide and spirit group took a definitely longer period.

The antiviral has a much more rapid and curative effect in those ears where the otorrhoea is of recent occurrence, partly because the staphylococcus alone may be present, and partly because the infected area is localised and accessible to therapeutic agents.

In the antiviral cases which did not show this rapid response to treatment, the results were no better than with any of the other conservative methods of treatment, i.e., a mixed infection with inaccessible sepsis shows little reaction to antiviral treatment.

During the last few weeks, in those chronic cases which seem to continue almost unchanged by treatment, an alternative treatment each week has been tried. Antiviral treatment is given one week, and peroxide and spirit the next. It is too early yet to give results, but it would appear that this alternating treatment produces better results than continuing with the same treatment for long periods.

MEDICAL INSPECTION RETURNS.

TABLE 1.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.—Number of
Code Group Inspections.

Entrants	...	...	...	1425
Intermediates		...	...	1395
Leavers	...	...	...	1147
Total			...	3967

Number of other Routine Inspections 58

B.—OTHER INSPECTIONS:

Number of Special Inspections		3528
Number of Re-Inspections	...	8287
Total	...	11815

TABLE II.—Stockton-on-Tees.

A. Return of Defects found by Medical Inspection in the year ended
31st December, 1931.

DEFECT OR DISEASE (1)	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment (2)	Requiring to be kept under observation but <i>not</i> requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but <i>not</i> requiring Treatment (5)
Malnutrition	2	0	6	0
Uncleanliness : [See Table IV., Group V.]	...	...	...	...
Skin :				
Ringworm—Scalp	4	0	37	0
„ Body	3	0	36	0
Scabies	2	0	14	0
Impetigo	114	0	348	0
Other Diseases (Non-Tuberculous)	27	167	75	0
Eye :				
Blepharitis } Many of these attend	110	0	130	0
Conjunctivitis } own doctor and are	25	0	145	0
Keratitis } only seen at Routine	15	0	20	0
Corneal Opacities	11	0	4	0
Defective Vision (excluding Squint)	379	55	84	0
Squint	148	57	35	0
Other Conditions	0	16	5	1
Ear :				
Defective Hearing	27	0	16	2
Otitis Media	48	0	89	0
Other Ear Diseases	23	0	13	0
Nose and Throat :				
Enlarged Tonsils only *	118	0	56	0
Adenoids only	13	0	6	0
Enlarged Tonsils and Adenoids...	42	0	20	0
Other Conditions	32	140	0	0
Enlarged Cervical Glands (Non-Tuberculous)	3	0	73	0
Defective Speech { Defective Articulation	51	0	2	0
{ Stammer	16	0	17	0
Teeth :				
Dental Diseases—Oral Sepsis } Pyorrhœa }	25	0	159	0
[See Table IV., Group IV.]				
Heart and Circulation :				
Heart Disease—Organic	0	35	21	0
„ Functional	0	82	0	0
Anæmia	66	0	12	0
Lungs :				
Bronchitis	3	0	11	0
Other Non-Tuberculous Diseases	22	0	31	0

* Not necessarily operative treatment.

TABLE II—continued.

DEFECT OR DISEASE (1)	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment (2)	Requiring to be kept under observation but <i>not</i> requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but <i>not</i> requiring Treatment (5)
Tuberculosis :				
Pulmonary—Definite ...	0	0	8	0
„ Suspected ...	3	0	13	0
Non-Pulmonary—Glands ...	3	0	15	0
„ Spine ...	0	0	1	2
„ Hip ...	0	0	1	0
„ Other Bones and Joints ...	2	0	2	0
„ Skin ...	0	0	3	0
„ Other Forms ...	4	0	6	0
Nervous System :				
Epilepsy ...	2	0	5	0
Chorea ...	4	0	27	0
Other Conditions ...	5	9	10	0
Deformities :				
Rickets (Severe) ...	22	0	8	0
Spinal Curvature ...	0	0	0	1
Other Forms ...	6	24	2	0
Other Defects and Diseases ...	98	67	1450	658

B. NUMBER OF *Individual Children* FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Uncleanliness and Dental Diseases).

GROUP (1)	Number of Children		Percentage of Children found to require Treatment (4)
	Inspected (2)	Found to require Treatment (3)	
CODE GROUPS :—			
Entrants ...	1425	375	26·3
Intermediates ...	1395	377	27·0
Leavers ...	1147	258	22·4
Total (Code Groups) ...	3967	1010	25·2
Other Routine Inspections ...	58	14	24·1%

TABLE III.—Stockton-on-Tees.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind)	(i) Suitable for training in a School for the totally blind	At Certified Schools for the Blind ...	0	0	0
		At Public Elementary Schools ...	0	0	0
		At other Institutions ...	0	0	0
		At no School or Institution ...	0	0	0
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind ...	0	0	0
		At Public Elementary Schools ...	7	2	9
		At other Institutions ...	0	0	0
		At no School or Institution ...	0	0	0
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf ...	10	10	20
		At Public Elementary Schools ...	0	0	0
		At other Institutions ...	0	0	0
		At no School or Institution ...	0	0	0
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ...	0	0	0
		At Public Elementary Schools ...	5	3	8
		At other Institutions ...	0	0	0
		At no School or Institution ...	0	0	0
Mentally Defective	Feeble-minded	At Certified Schools for Mentally Defective Children ...	2	0	2
		At Public Elementary Schools ...	36	12	48
		At other Institutions ...	3	1	4
		At no School or Institution ...	3	2	5
	Notified to the Local Mental Deficiency Authority during the year	Details should be given on Form 307M.	—	—	—
Epileptics	Suffering from severe Epilepsy.	At Certified Schools for Epileptics ...	0	0	0
		At Certified Residential Open Air Schools ...	0	0	0
		At Certified Day Open Air Schools ...	0	0	0
		At Public Elementary Schools ...	0	0	0
		At other Institutions ...	0	0	0
		At no School or Institution ...	1	2	3
	Suffering from Epilepsy which is not severe.	At Public Elementary Schools ...	7	5	12
		At no School or Institution ...	0	0	0

TABLE III.—Continued.

			Boys	Girls	Total
Physically Defective	Active pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	2	3
		At Certified Residential Open Air Schools	0	0	0
		At Certified Day Open Air Schools ...	0	0	0
		At Public Elementary Schools ...	0	0	0
		At other Institutions	0	0	0
		At no School or Institution	1	0	1
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	0	0	0
		At Certified Residential Open Air Schools	0	0	0
		At Certified Day Open Air Schools ...	5	4	9
		At Public Elementary Schools ...	9	4	13
		At other Institutions	0	0	0
		At no School or Institution	2	0	2
	Tuberculosis of the peripheral glands	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	0	0	0
		At Certified Residential Open Air Schools	0	0	0
		At Certified Day Open Air Schools ...	8	6	14
		At Public Elementary Schools ...	24	14	38
		At other Institutions	0	0	0
		At no School or Institution	0	0	0
	Abdominal tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	0	0	0
		At Certified Residential Open Air Schools	0	0	0
		At Certified Day Open Air Schools ...	5	4	9
		At Public Elementary Schools ...	6	4	10
		At other Institutions	0	0	0
		At no School or Institution	1	0	1
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	6	4	10
		At Public Elementary Schools ...	5	4	9
		At other Institutions	2	2	4
		At no School or Institution	0	3	3

TABLE III.—continued.

			Boys	Girls	Total
Physically Defective continued	Tuberculosis of other organs (skin, etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	0	0	0
		At Public Elementary Schools ...	0	0	0
		At other institutions	1	2	3
		At no School or Institution	1	2	3
	Delicate children, <i>i.e.</i> all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School	At Certified Residential Cripple Schools	0	0	0
		At Certified Day Cripple Schools ...	0	0	0
		At Certified Residential Open Air Schools	0	0	0
		At Certified Day Open Air Schools ...	67	73	140
		At Public Elementary Schools ...	45	49	94
		At other Institutions	0	0	0
		At no School or Institution	12	7	19
	Crippled children (<i>other than those with active tuberculous disease</i>) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At Certified Hospital Schools ...	0	0	0
		At Certified Residential Cripple Schools	1	0	1
		At Certified Day Cripple Schools ...	0	0	0
		At Certified Residential Open Air Schools	0	0	0
		At Certified Day Open Air Schools ...	2	0	2
		At Public Elementary Schools ...	14	12	26
			(3)	(2)	(5)*
		At other Institutions	0	0	0
		At no School or Institution	3	5	8
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools ...	0	0	0
		At Certified Residential Cripple Schools	0	0	0
		At Certified Day Cripple Schools ...	0	0	0
		At Certified Residential Open Air Schools	0	0	0
		At Certified Day Open Air Schools ...	4	2	6
		At Public Elementary Schools ...	8	9	17
		At other Institutions	0	0	0
		At no School or Institution	1	2	3

* Figures in brackets indicate the number of children who should be receiving Special School Education.

Notes on Table 3.

Children suffering from multiple defects.

One girl, Mental Defective and has Heart Disease—at no school or institution.

Two boys, Mental Defectives and Cripples—at no school or institution.

One boy, Mental Defective and Epileptic—attends elementary school irregularly.

Two girls, Mental Defectives and Cripples—at no school or institution.

One Girl, Mental Defective and totally Deaf—at no school or institution.

One boy, Mental Defective and Partially Blind—at no school or institution.

One girl, Cripple and Partially Blind—at no school or institution.

One girl, Totally Deaf and Partially Blind—attending school for the Deaf, Stockton.

TABLE IV.—Stockton-on-Tees.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31ST DECEMBER, 1931.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which
see Group V.)

Disease or Defect (1)	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
Skin :			
Ringworm—Scalp	34	3	37
Ringworm—Body	36	0	36
Scabies	13	0	13
Impetigo	359	5	364
Other Skin Disease	65	10	75
Minor Eye Defects (External and other, but exclu- ding cases falling in Group II)	299	9	308
Minor Ear Defects	108	1	109
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	988	14	1002
Total	1902	42	1944

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor
Eye Defects treated as Minor Ailments—Group I).

Defect or Disease (1)	Number of Defects dealt with			
	Under the Author- ity's Scheme (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme (3)	Otherwise (4)	Total (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	371	5	6	382
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	0	0	0	0
Total	371	5	6	382

TABLE IV.—Continued.

Total Number of Children for whom Spectacles were prescribed :—

(a)	Under the Authority's Scheme	...	...	287
(b)	Otherwise	...	...	11

Total Number of Children who obtained or received Spectacles :—

(a)	Under the Authority's Scheme	...	...	225
(b)	Otherwise	...	...	11

79% have obtained spectacles.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
25	83	108	68	176

GROUP IV.—DENTAL DEFECTS.

- (1) Number of Children who were :—
(a) Inspected by the Dentist :

		Aged :			
		5.....	1439		
		6.....	1454		
		7.....	739		
		8.....	24		
		9.....	13		
Routine Age Groups	...	10.....	18	} Total	3754
		11.....	30		
		12.....	17		
		13.....	10		
		14.....	10		
Specials	...	...	...	...	238
Grand Total					3992

TABLE IV.—continued.

(b) Found to require treatment	...	...	...	2663
(c) Actually treated	...	...	...	1328
(2) Half-days devoted to :—				
Inspection	...	...	...	105
Treatment	...	...	...	320
			Total	425
(3) Attendances made by children for treatment...			...	1644
(4) Fillings :—				
Permanent teeth	...	...	...	221
Temporary teeth	...	...	...	343
			Total	564
(5) Extractions :—				
Permanent teeth	...	...	...	205
Temporary teeth	...	...	...	2313
			Total	2518
(6) Administrations of general anaesthetics for extractions				117
(7) Other Operations :—				
Permanent teeth	...	..	...	20
Temporary teeth	...	...	...	228
			Total	248
GROUP V. UNCLEANLINESS & VERMINOUS CONDITIONS.				
(i) Average number of visits per school made during the year				
by the School Nurses	...	...	...	8
(ii) Total number of examinations of children in the Schools by				
School Nurses	...	...	...	14,228
(iii) Number of individual children found unclean			..	256
(iv) Number of children cleansed under arrangements made by				
the Local Education Authority	...	...	...	3
(v) Number of cases in which legal proceedings were taken :—				
(a) Under the Education Act, 1921	...	...		None
(b) Under School Attendance Byelaws	...	...		None

Statement of the number of Children notified during the Year ended 31st December, 1931, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of Children Notified ... 9.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	0	0
(b) Imbeciles	4	5
(c) Others	0	0
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	0	0
(b) Others	0	0
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ...	0	0
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases	0	0
4. Children who in addition to being mentally defective were blind or deaf	0	0
Grand Total ...	4	5

